

FY24 NH Community Benefits Report			
Category	Description	Unreimbursed Cost	
Community Benefit Services			
Community Health Improvement Services and Community Benefit Operations			
<ul style="list-style-type: none"> Community Based Clinical Services 	Upper Valley Smiles School-based Dental Program (supplies and staff)	6,284.81	
<ul style="list-style-type: none"> Health Care Support Services 	Patient Support Services (transportation, pharmacy vouchers, meal cards, LISTEN Community Services vouchers)	4,323.60	
<ul style="list-style-type: none"> Other Community Health Improvement Services 	FitScripts prescription exercise program (staff coordination)	154.55	
	Bike helmet distribution in Primary Care, ED and community	154.55	
	Elder Forum staff support		
	Non-perishable food bag distribution	68.15	
	Reach Out and Read Program	2,410.08	
	Free community library	313.75	
	Leadership meal service, LISTEN Community Dining Hall	603.38	
	ED Senior Call Back Program	44,951.09	
	Community educational programming and events (Total Joints, Human Trafficking, Diabtest, Carpal Tunnel)	5,628.38	
	<ul style="list-style-type: none"> Community Benefit Operations 	Grant writing for Community Health	476.99
	Dedicated staff (salary and travel)	241,348.33	
<ul style="list-style-type: none"> Cost of Needs Assessment Activities 	Community Health Needs Assessment Report consultant	9,000.00	
	Total	315,717.66	
Financial Contributions			
<ul style="list-style-type: none"> Cash Donations 	Lebanon Opera House Free Come As You Are Free Movie Series	5,000.00	
	Upper Valley Youth Hostel (Maynard House)	1,000.00	
	Take A Bite Out of Hunger-Lebanon Lunch Friends Program	7,000.00	
	Upper Valley Aquatic Center	1,125.00	
	Carter Community Building Association (CCBA)	3,750.00	
	MedTech Conference	1,125.00	
	Upper Valley Business Alliance	4,250.00	
	Upper Valley Music Center Holiday Program	562.50	
	In Kind Donations	Food donations to Upper Valley Senior Center, LISTEN, Seasonal Shelter (Upper Valley Haven), Pop-up health clinics and community stakeholder discussion from APD Kitchen	7,179.16
		Bi-annual unhoused annual point in time count support	123.12
	Total	31,114.78	
Community Building Activities			
<ul style="list-style-type: none"> Community Health Improvement Advocacy 	Leadership and staff participation in local and statewide rural health advocacy forums	36,909.12	
	Total	36,909.12	

Community Benefit Services Total 346,832.44
Community Building Activities Total 36,909.12

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Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQA-N0S9-EXPEK, version 1)

Details

Submitted 2/27/2025 (0 days ago) by Elizabeth O'Donnell

Submission ID HQA-N0S9-EXPEK

Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Alice Peck Day Memorial Hospital

State Registration #

6329

Federal ID #

020222791

Fiscal Year Beginning

07/01/2023

Entity Address

10 Alice Peck Day Drive
Medical Office Building, 10 Alice Peck Day Drive, Lebanon NH 03766
Lebanon, NH 03766

Entity Website (must have a prefix such as "http://www.")

<https://www.alicepeckday.org/>

Chief Executive Officer (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Susan	Mooney	Business	6033080821	

Email
o'donnelle@apdmh.org

Board Chair (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Marisa	Devlin	Business	603-3062571	

Email
marisa@sassafras.com

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Beth O'Donnell

Title

Director - Community Health

Phone Type **Number** **Extension**

Business 6033080821

Email

o'donnelle@apdmh.org

1. Is the entity's community benefits plan on the organization's website?

Yes

2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?

No

Section 2: Mission & Community Served

1. Mission Statement

Improve the health and wellbeing of our community.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)?

No

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

1. Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Grafton

Sullivan

Please select service area municipalities (NH), if applicable

LEBANON

CANAAN

HANOVER

CORNISH

CROYDON

DORCHESTER

ENFIELD

GRAFTON

GRANTHAM

LYME

NEWPORT

ORANGE

PIERMONT

PLAINFIELD

WARREN

Service Population Description

APD serves the general population with a wide range of primary care, hospital, and specialty health care services.

Section 3.1: Community Needs Assessment

1. In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)

2022

Please attach a copy of the needs assessment if completed in the past year

[2022_dhapdvncommunity_health_needs_assessmentweb.pdf - 02/24/2025 03:49 PM](#)

Comment

NONE PROVIDED

2. Was the assessment conducted in conjunction with other health care charitable trusts in your community?

Yes

Section 3.2: Community Needs Assessment (1 of 8)

3. Area of Community Need / Concern

20. Mental Health

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E3: In-Kind Assistance

A4: Other Community Health Improvement Services

7. Brief description of major strategies or activities to address this need (optional)

Mental health services through two Mental Health Specialist for patients who screen positively for depression and/or anxiety; Emergency Department Rapid Referral Program through partnership with West Central Behavioral Health.

Section 3.2: Community Needs Assessment (2 of 8)

3. Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.3: Medicare

2.1: Medicaid

E3: In-Kind Assistance

A3: Health Care Support Services

A1: Community Health Education

7. Brief description of major strategies or activities to address this need (optional)

Charity Care, financial assistance, and payment plans; Medicaid enrollment assistance through the Primary Care Social Worker (who is certified to make NH Medicaid Presumptive Eligibility determinations); Marketplace health insurance counseling during Open Enrollment (and for individuals with SEP); Patient and family support services including transportation services and coordination for patients in need; Pharmacy voucher program for low-income uninsured patients with acute medication needs; Prescription Assistance Program to uninsured patients needing help paying for medications.

Section 3.2: Community Needs Assessment (3 of 8)

3. Area of Community Need / Concern

27. Healthy Eating / Nutrition / Food Insecurity

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A5: Dedicated Staff costs

E1: Cash Donations

E3: In-Kind Assistance

7. Brief description of major strategies or activities to address this need (optional)

Donation of prepared foods from APD Kitchen to Upper Valley Senior Center and LISTEN, Preparation and donation of food to Seasonal Shelter, Pop-up Health Clinics and LISTEN Community Dining Hall for vulnerable populations; Emergency Food Bags of non-perishable food and meal cards for a free hot meal at APD Cafe to patients who express interest in food support; Lebanon Lunch Friends, a summer meals program for low-income children in Lebanon; Improved in-patient and coffee shop menu with healthier food choices along. Educational social media programming on cooking and nutritious foods.

Section 3.2: Community Needs Assessment (4 of 8)

3. Area of Community Need / Concern

24. Substance Use

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

E3: In-Kind Assistance

E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)

Narcan distribution through the Emergency Department and Primary Care; Vivitrol distribution in Primary Care; Primary Care Medication Assisted Treatment (MAT) Program with Mental Health Services; Collaborative care in partnership with Headrest and TLC Recovery Center for Primary Care patients in MAT and prioritization of establishing care with residential patients at Headrest without Primary Care; Continue to support efforts to advocate, research and establish a residential treatment center for recovery from substance use.

Section 3.2: Community Needs Assessment (5 of 8)

3. Area of Community Need / Concern

4. Oral Health

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

7. Brief description of major strategies or activities to address this need (optional)

APD Upper Valley Smiles, a school-based oral health program for children at Upper Valley elementary schools; Partnership to build dental workforce in the Upper Valley; Incorporate fluoride varnish application into well child visits in Primary Care.

Section 3.2: Community Needs Assessment (6 of 8)

3. Area of Community Need / Concern

33. Affordable Housing

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A4: Other Community Health Improvement Services

A5: Dedicated Staff costs

7. Brief description of major strategies or activities to address this need (optional)

Screen all Primary Care and ED 70 years + patients once per year for housing needs and assist patients with applications for local community resources and make referrals; Participation in local networks discussing community housing needs and solutions.

Section 3.2: Community Needs Assessment (7 of 8)

3. Area of Community Need / Concern

16. Aging Population / Senior Services

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A5: Dedicated Staff costs

7. Brief description of major strategies or activities to address this need (optional)

Senior Care Team provides home-based primary care program for frail elderly in the local community; Elder Friend Program that aims to match frail elders referred by Senior Care team staff to volunteers who make home visits; Elder Forum, a networking/educational forum for health and human services organizations focused on the elderly/aging, hosted monthly by APD who also supports coordination; Lifecare, senior living at APD, which includes four levels of care; independent, assisted, supported, and memory care; ED Call-back program for elderly discharged home to support transition and connection to local community organizations and services

Section 3.2: Community Needs Assessment (8 of 8)

3. Area of Community Need / Concern

28. Physical Activity / Active Living

4. Is the need identified in the Community Needs Assessment?

Yes

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

- A5: Dedicated Staff costs
- A4: Other Community Health Improvement Services
- E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)

FitScripts, a program for adult Primary Care patients who can receive a "prescription" from their Primary Care provider for monthly memberships at local fitness centers; APD Public Nature Trail maintenance; Continue to offer bike helmets to children, patients, and staff and to support additional efforts to increase biking in the community including Cowbell Mobile Bike Shop bikes services and bike racks located outside clinical locations; Support advocacy for community infrastructure that increases community health and wellbeing including sidewalks and bus routes

Section 4: Community Benefit Activities

Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

104234629

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	1190535	0	1190535	1.1%	1250000

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	14474497	16310061	-1835564	-1.8%	500000

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	15665032	16310061	-645029	-0.6%	1750000

Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	315717.66	0	315717.66	0.3%	320000

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	31114.78	0	31114.78	0%	35000

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	346832.44	0	346832.44	0.3%	355000

Total

(11) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	16011864.44	16310061	-298196.56	-0.3%	\$2105000

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)

104234629

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	36909.12	0	36909.12	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Total**(10) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	36909.12	0	36909.12	0%

Section 6: Medicare**1. Total revenue received from Medicare (\$ -- including DSH and IME)**

27823591

2. Medicare allowable costs of care relating to payments specified above (\$)

29286177

3. Medicare surplus (shortfall)

-\$-1462586

4. Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

5. Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

Cost to charge ratio

Section 7: Summary Financial Measures**1. Gross Receipts from Operations (\$)**

117139896

2. Net operating costs (\$)

104234629

3. Ratio of gross receipts from operations to net operating costs

1.124

Unreimbursed Community Benefit Costs**4. Financial Assistance and Means-Tested Government Programs (\$)**

-645029

5. Other Community Benefit Costs (\$)

346832.44

6. Community Building Activities (\$)

36909.12

7. Total Unreimbursed Community Benefit Expenses (\$)

-261287.44

8. Net community benefit costs as a percent of net operating costs (%)

-0.25%

Other Community Benefits (optional)**1. Leveraged Revenue for Community Benefit Activities (\$)**

NONE PROVIDED

2. Medicare Shortfall (\$)

-\$-1462586

Section 8: Community Engagement in the Community Benefits Process**1. Please list below**

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Alice Ely, Public Health Council of the Upper Valley	Yes	Yes	Yes	Yes
LISTEN Community Services	Yes	Yes	Yes	No
Beth Gustafson Wheeler, Foundation for Healthy Communities	Yes	Yes	Yes	Yes
Municipalities of Hanover, Lebanon and Hartford	Yes	Yes	Yes	Yes
Rudy Fedrizzi, Vermont Department of Health	Yes	Yes	Yes	Yes
Anna M Hullinger, Upper Valley Regional Public Health Network	Yes	Yes	Yes	No
Briana White, Visiting Nurse and Hospice for Vermont and New Hampshire	Yes	Yes	Yes	No
Caroline Christie, Mascoma Valley Regional School District	Yes	Yes	Yes	No
Deanna Jones, Thompson Senior Center	Yes	Yes	Yes	No
Donald Kollisch, Community Nurse Connection	Yes	Yes	Yes	No
Erin Smith, Upper Valley Music Center	Yes	Yes	Yes	No
John Haffner, Vital Communities	Yes	Yes	Yes	No
Krista Karlson, Willing Hands	Yes	Yes	Yes	No
Martha Tecca, Community Care of Lyme	Yes	Yes	Yes	No
Mike Reiderer, TriValley Transit	Yes	Yes	Yes	No
Peggy O'Neil, Womens Information Service WISE	Yes	Yes	Yes	No
Stephanie Bergeron, West Central Behavioral Health	Yes	Yes	Yes	No
Dana Michalovic, Good Neighbor Health Clinics	Yes	Yes	Yes	No
Eleanor Zue, Bugbee Senior Center	Yes	Yes	Yes	No
Lynne Goodwin, City Of Lebanon Human Services	Yes	Yes	Yes	Yes

2. Please provide a description of the methods used to solicit community input on community needs:

Between February and September 2021, the Community Health Needs Assessment committee fielded two surveys: one broadly disseminated to residents across the region and one targeted distribution to community leaders. The community leader survey was distributed via a unique email link to 352 individuals in positions of leadership in agencies, municipalities, education, civic and volunteer organizations. The community members survey was distributed electronically through email and social media communication channels, promoted through flyers and posters with links to QR codes which were posted around the region, and by paper copies made available at a variety of distribution points throughout the region. Spanish versions of the survey were also created both electronically and in paper form. In March 2022, a summit was held to present the results of the surveys and community health indicators and allow discussion of the top community health needs.

Section 9: Charity Care Compliance

1. The valuation of charity does not include any bad debt, receivables or revenue.

Yes

2. A written charity care policy is available to the public.

Yes

3. Any individual can apply for charity care.

Yes

4. Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

5. Notice of the charity care policy is posted in lobbies.

N/A

6. Notice of the policy is posted in waiting rooms.

No

7. Notice of the policy is posted in other public areas of our facilities.

Yes

8. Notice of the charity care policy is given to recipients who are served in their home.

Yes

Section 10: Certification

Electronic Signature

First Name **Last Name**

Beth O'Donnell

Title

Director- Community Health

Email

o'donnelle@apdmh.org

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
2/24/2025 3:49 PM	2022_dhapdvncommunity_health_needs_assessmentweb.pdf	Attachment	No	Elizabeth O'Donnell

Status History

	User	Processing Status
2/24/2025 2:06:20 PM	Elizabeth O'Donnell	Draft
2/27/2025 10:24:10 AM	Elizabeth O'Donnell	Submitting
2/27/2025 10:24:19 AM	Elizabeth O'Donnell	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Elizabeth O'Donnell	2/27/2025 10:24:19 AM